

Crook County – Oshoto Fire Hall Project General Contractor Qualification Statement

The Undersigned hereby certifies under oath that the information provided herein is true and sufficiently complete and accurate so as to not be misleading.

Please type or print legibly:

SUBMITTED BY: _____

NAME: _____

MAILING ADDRESS: _____

PRINCIPAL OFFICE LOCATION: _____

CONTACT PERSON: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

☐ ENTITY SUBMITTING AS A WYOMING RESIDENT

Number of Years as Resident: _____

_____ Corporation

_____ Partnership

_____ Individual

_____ Joint Venture

_____ Other: _____

☐ ENTITY SUBMITTING AS A NON-WYOMING RESIDENT

Name of State: _____

_____ Corporation

_____ Partnership

_____ Individual

_____ Joint Venture

_____ Other: _____

TYPE OF WORK OF ENTITY:

- ☐ General Contracting
☐ Sub-Contracting (Specify: _____)
- ☐ Commercial
☐ Industrial
☐ Educational
☐ Residential

A. ORGANIZATION

1. How many years has your entity been in business as a:
☐ General Contractor?
☐ Sub-Contractor?
2. How many years has your entity been in business under its present business name, and in what states? _____
3. Under what other or former name(s) has your organization operated under and for how many years? _____
4. If your entity is a Corporation, answer the following:
Date of incorporation: _____
State of incorporation: _____
President's name: _____
Vice President(s) name(s): _____

5. If your entity is a partnership, answer the following:
Date of organization: _____
Type of partnership (if applicable): _____
Names of general partners: _____

6. If your organization is individually owner, answer the following:
Date of organization: _____
Name of owner: _____

7. If the form of your entity is other than those listed above, describe it, provide dates and name the principals:

B. LICENSING

1. List the jurisdictions and trade categories in which your organization or entity is legally qualified to do business, and indicated registration or license numbers, if applicable, issue dates, and expiration date: _____

2. List jurisdictions in which your entity's partnership or trade name is filed: _____

C. EXPERIENCE

1. Have you filed a Qualification Statement with Crook County (or any adjacent county) government in the past 5 years? _____ If yes, for what project(s): _____

2. Have you ever been denied prequalification or qualification by any governmental organization? _____ If yes, provide the name of the organization(s) and reason(s) for denial: _____

3. Claims and Suits

- a. Has your entity or any former entity ever failed to complete any work or services awarded to it? _____ If yes, please provide details on a separate sheet.
- b. Are there any judgements, claims, arbitration proceedings or lawsuits pending or outstanding against you? _____ If yes, please provide details on a separate sheet.
- c. Has your organization or entity filed any lawsuits or requested arbitration with regard to construction contracts within the past five years? _____ If yes, please provide details on a separate sheet.
- d. Within the past five (5) years, has any officer or principal of your entity ever been an officer or principal of another organization when it failed to complete a construction contract? _____ If yes, please provide details on a separate sheet.
- e. Are there now any pending and/or have there ever been Liquidated Damages assessed against your organization or entity? _____ If yes, please provide details on a separate sheet.

4. State the average annual amount of commercial/industrial construction work performed in each of the past five (5) years:
- | | |
|----------|-------------|
| \$ _____ | Year: _____ |
| \$ _____ | Year: _____ |
| \$ _____ | Year: _____ |
| \$ _____ | Year: _____ |
| \$ _____ | Year: _____ |
5. Name of your proposed Project Manager(s) and/or Project Superintendent(s) for this project: _____
6. What is your firm's Worker's Compensation Experience Modification Rating?

7. On separate sheet(s) provide a listing of at least five (5) previous construction experiences on projects of similar nature to this one.

D. REFERENCES

1. Ownership References (list a minimum of three)

2. Trade References (list a minimum of three)

3. Bank Reference(s)

4. Surety:

- a. Name of Bonding Company: _____
- b. Name & address of agent: _____

- c. Bonding capacity: Total: \$ _____ Available: \$ _____
- d. If bonding capacity for identical organization is not named on page 1, provide bonding capacity for the identical organization, if any: \$ _____

5. Insurance

- a. Name of insurance company: _____
- b. Name & address of agent: _____
- c. Have any claims been filed against the insurance within the past five (5) years?
_____ If yes, please provide details on a separate sheet.

Dated this _____ day of _____, 2016 at _____.

Name of Organization or Entity: _____

By: _____ (signature)

_____ (printed name)

Title: _____

_____ being duly sworn disposes and says that the information provided herein is true and sufficiently complete so as not to be misleading. Subscribed and sworn before me this _____ day of _____, 2016.

Notary Public: _____

My Commission Expires: _____